

Social Services ProviderOne Billing Supplement for Mental Health Providers

The purpose of this billing supplement is to assist ProviderOne social services providers to properly bill the Health Care Authority (agency) for services provided to eligible clients.

What procedure codes may I bill the agency?

The social services authorization letter you receive from the Department of Social and Health Services (DSHS) will show the procedure code(s) you must use to bill the agency to receive payment.

How do I bill for services?

The agency's online Webinars are available to providers with instructions on how to bill shared services¹ on professional claims and crossover claims electronically:

- [DDE Professional claim](#)
- [DDE Professional with Primary Insurance](#)
- [DDE Medicare Crossover Claim](#)

Also, see Appendix I of the agency's [ProviderOne Billing and Resource Guide](#) for general instructions on completing the CMS-1500 claim form (version 02/12).

Note: To prevent billing denials, check the client's eligibility for other coverage **before** scheduling services and at the **time of the service**. See the agency's [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility and how to request a limitation extension or exception to rule. Providers must exhaust other coverage before submitting a request for payment to the agency under a social services authorization.

¹ Shared services are medical services shared between Washington Apple Health and the Department of Social and Health Services.

National correct coding initiative

The agency continues to follow the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists the agency to control improper coding that may lead to inappropriate payment. The agency bases coding policies on the following:

- The American Medical Association's (AMA) CPT® manual
- National and local policies and edits
- Coding guidelines developed by national professional societies
- The analysis and review of standard medical and surgical practices
- Review of current coding practices

Procedure code selection must be consistent with the current CPT guidelines, introduction, and instructions on how to use the CPT coding book. Providers must comply with the coding guidelines that are within each section (e.g., E/M services, radiology, etc.) of the current CPT book.

The agency may perform a post-pay review on any claim to ensure compliance with NCCI. NCCI rules are enforced by the ProviderOne payment system. Visit the [NCCI](#) on the web.

Who do I contact if I have questions?

Visit the agency's [website](#) for further information about program coverage, how to bill, or who to contact with questions.